

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Linda Whittington
Address 10 Box 185 Schleter 38952 County Leflore
Telephone (Work) 662 455 2864 (Home) 662 658 1145 (Fax) 662 658 1241
Contact Name Linda Whittington Email Address ~~lwhittington@meil.~~ lwhittington@meil.
Office Sought Representative, HD 34 Political Party Democrat *house state ms. us.*

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>250.00</u> + \$	\$	\$ <u>250.00</u>
Total amount of disbursements \$	<u>475.00</u> + \$	\$	\$ <u>475.00</u>
Total amount of cash on hand		\$ <u>321.39</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Linda Whittington
(Signature of Candidate)

1/30/09
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 30 2009

Secretary of State
Capitol Office

Name of Candidate or Committee

Linda Whittington

Reporting period

JAN 1 2008 through December 31 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cash of America</u>		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Linda Whittington

Reporting period

Jan 1 2008

through

Dec 31 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Winona Times</u>		
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u>3/1/08</u>	\$ <u>300.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Ad</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Winona Times</u>		
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u>5/10/08</u>	\$ <u>50.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Ad</u>		\$ <u>350.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WGRM Radio</u>		
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u>12/15/08</u>	\$ <u>125.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Ad</u>		\$ <u>475.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

2008 ELECTION CYCLE
CPR - §§ 08-01(b)

**** AMENDED REPORT ****

**CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS**



Name of Candidate Linda J. Whittington
Address P. O. Box 185, Schlater, MS 38952-0185 County Leflore
Telephone (Work) 662-455-2864 (Home) 662-392-0364 (Fax) 662-658-1241
Contact Name Linda J. Whittington Email Address Linda@LindaWhittington.com
Office Sought Representative, District 34 Political Party Democrat

☒ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
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IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred, in such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-307 (b) (II) and (III).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(Itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	1,096.39 + \$ 200.00	\$ 1,296.39	\$ 1,296.39
Total amount of disbursements \$	360.00 + \$ 125.00	\$ 485.00	\$ 485.00
Total amount of cash on hand \$		811.39	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

01/31/2009

(Date)

Authority: Refer to Miss. Code Ann. §23-15-301 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-311 and 313 (1972).

- SEND TO:**
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

** AMENDED REPORT **

Page 1 of 1

Name of Candidate or Committee Linda J. WhittingtonReporting period January 01, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input checked="" type="checkbox"/> Other (please specify) <u>balance forward from 2007</u>			
Full name <u>Rep. Linda J. Whittington</u>		<u>01 / 01 / 08</u>	\$ <u>546.39</u>
Mailing Address <u>P. O. Box 185</u>		<u> / / </u>	\$
City, State, Zip Code <u>Schlater MS 38952-0185</u>		<u> / / </u>	\$
Name of Employer (Required) <u>State of Mississippi</u>		<u> / / </u>	\$
Occupation (Required) <u>Representative, District 34</u>		Aggregate year-to-date	\$ <u>546.39</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>MS Malt Beverage Assn. Six-Pac PAC</u>		<u>01 / 03 / 08</u>	\$ <u>300.00</u>
Mailing Address <u>P. O. Box 1132</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39215-1132</u>		<u> / / </u>	\$
Name of Employer (Required) <u><n/a></u>		<u> / / </u>	\$
Occupation (Required) <u><n/a></u>		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>All American Check Cashing</u>		<u>11 / 14 / 08</u>	\$ <u>250.00</u>
Mailing Address <u>P. O. Box 1550</u>		<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland MS 39158</u>		<u> / / </u>	\$
Name of Employer (Required) <u><n/a></u>		<u> / / </u>	\$
Occupation (Required) <u><n/a></u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

**** AMENDED REPORT ****Page 1 of 1Name of Candidate or Committee Linda J. WhittingtonReporting period January 01, 2008 through December 31, 2008**ITEMIZED DISBURSEMENTS**

A. Full name Montgomery Publishing Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 151	<u>05 / 21 / 08</u>	\$ 310.00
City, State, Zip Code Winona MN 55967	<u>10 / 22 / 08</u>	\$ 50.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 360.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$